

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>		12-27-01
O.I.P.E. CLASSIFIER			12-14-01
FORMALITY REVIEW	M.D	625	12-19-01
RESPONSE FORMALITY REVIEW	LC	1024	03-11-02

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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TC 851  
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